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JUL 27 2005

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04743

7590

04/29/2005

**MARSHALL, GERSTEIN & BORUN LLP
233 S. WACKER DRIVE, SUITE 6300
SEARS TOWER
CHICAGO, IL 60606**

07/28/2005 RHEBRAH1 00000097 10696923

01 FC:1501	1400.00 OP
02 FC:1504	300.00 OP
03 FC:8804	140 OP

APPLICATION NO.

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/696,923

10/30/2003

William A. Miller

29891/FMP03860

8199

Michael R. Hull	(Depositor's name)
<i>[Signature]</i>	(Signature)
25-JUL-05	
(Date)	

TITLE OF INVENTION: AUTOMATED COSMETICS DISPENSER FOR POINT OF SALE COSMETICS PRODUCTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DOUGLAS, STEVEN O	3751	141-144000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Marshall,</u> 2 <u>Gerstein &</u> 3 <u>Borun LLP</u>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT. (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Fluid Management, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wheeling, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2855 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date 25 JUL 05

Typed or printed name Michael R. Hull

Registration No. 35,902

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